

STEP 1. PROVIDE YOUR PERSONAL INFORMATION (list your name as you would like to be recognized).

Want to see how your contribution is making a difference? Please provide your preferred email address so we can share how your contribution is making a difference and provide you opportunities to give, advocate and volunteer all year long.

MR/MRS/MS/DR _____ FIRST NAME _____ MI _____ LAST NAME _____

COMPANY NAME _____

HOME ADDRESS (For credit card donations, address listed must be your billing address.) _____ CITY _____

STATE _____ ZIP _____ HOME PHONE _____

PREFERRED EMAIL ADDRESS _____

Please combine my gift with my spouse's/partner's gift

Spouse's/Partner's First and Last Name _____ Spouse's/Partner's Employer _____ Spouse's/Partner's Email _____

STEP 2. MAKE YOUR CONTRIBUTION.

Yes, I would like to be a **CONTINUOUS GIVER** and assure that my pledge will be automatically initiated year after year.

PAYROLL

I want to contribute the following amount each pay period:

\$ amount X # pay periods = Total Annual Pledge

OR

ONE-TIME CONTRIBUTION

Please Attach

Cash Check

Amount \$ _____

OR

PLEASE CHARGE MY CREDIT/DEBIT CARD

pledge amount X = Total Annual Pledge

One Time
 Monthly
 Quarterly

CC # _____
Exp ____/____/____ CVV (3 digits on the back) _____

ENTER ME IN THE 2018 KIA SOUL GIVEAWAY!

\$152 a year or \$3 a week = ONE ENTRY

\$624 a year or \$12 a week = TWO ENTRIES

\$1,196 a year or \$23 a week = THREE ENTRIES

STEP 3. I WANT TO BE RECOGNIZED AS A LEADER IN MY COMMUNITY.

- RED FEATHER FELLOWSHIP** (\$1000+ annual gift) **EMERGING LEADERS SOCIETY** (under 40 yrs old, \$365+ annual gift)
- DIAMOND DONOR** (25+ years of giving to United Way) **WOMEN UNITED** (\$1,000+ gift OR \$500-\$999 + 25 hours of service in education)

STEP 4. CHOOSE HOW YOU WANT TO INVEST IN OUR COMMUNITY.

% UNITED WAY CAMPAIGN

% EDUCATION

% FINANCIAL STABILITY

% HEALTH

Investing your donation in the United Way campaign achieves focused impact through partnerships with local nonprofits who leverage, measure and report on how your gift creates lasting change.

Improve education and workforce achievement.

Provide opportunities to move citizens past the cycle of poverty.

Increase ability for citizens to live healthy, independent lives.

% DESIGNATED CONTRIBUTION

100% TOTAL

AGENCY NAME _____ AGENCY ADDRESS (IF KNOWN) _____

We do not certify this agency or guarantee the effectiveness of how they use your funds.

STEP 5. PLEASE SIGN YOUR NAME.

Signature _____

Date _____

THANK YOU!!

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

READY TO IMPROVE ESCAMBIA COUNTY?

MAKE YOUR GIFT TODAY!

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